

857 Physical Activity FY 06 Cost Center Instructions

Background/Purpose:

Physical inactivity is associated with obesity and increased risk for chronic diseases and premature mortality. State and national health objectives for 2010 are to reduce the prevalence of no leisure-time physical activity to 20%. Women, older adults, and the majority of racial/ethnic minority populations have the greatest prevalence of leisure-time physical inactivity. To examine trends in no leisure-time physical activity and further characterize them by sex, age group, and racial/ethnic population, CDC analyzed 1988-2002 data from the Behavioral Risk Factor Surveillance System (BRFSS) for 35 states and the District of Columbia (DC). The results of that analysis indicated that leisure-time physical inactivity decreased during 1988-2002, especially after 1996, with declining trends among men and women, the majority of age groups, and the majority of racial/ethnic populations. To promote further declines, KDPH has allocated \$1.5 million to local health departments to adopt effective, evidence-based strategies to encourage more adults and children to be physically active in their leisure time. Local health departments should work with community partners to develop a plan to address physical inactivity in their community. The local health departments' physical activity budget and plan should focus on the evidence-based strategies that best accomplish the objectives in their community plan.

Use of the Funds:

The 435 Preventive Health Block Grant is used to support population-focused efforts in the area of physical activity. Each local health department will receive an estimated allocation for the upcoming fiscal year that is the same as last year's funding amount (based on continued level of funding from CDC). These funds include \$500 specifically designated for local physical activity staff training costs to attend as many as three 1-day workshops and should only be used for that purpose. Attendance is required for each local health department's physical activity contact person.

Staffing Requirements:

Each local health department will designate a physical activity contact person who will be directly responsible for the implementation of the physical activity program within their health department. Local health departments must commit attendance of their physical activity contact to three state sponsored training opportunities on a yearly basis.

Plan of Action:

Local health departments should work with community partners to develop a comprehensive community plan to address physical inactivity in their community. The local health department's physical activity plan and budget should focus on the evidence-based strategies that best accomplish the objectives in their comprehensive community plan.

Objectives/Strategies/Interventions:

Local health departments should choose from the list of evidence based strategies provided for this cost center when determining activities to be implemented in their communities. When selecting a strategy local health departments are committing to implement that specific strategy in its entirety, not one that resembles it or only in part. Deviations from these specific strategies should be detailed in the 857 "Other" Word document. An emphasis should be placed on environmental and policy changes as federal and state staff and their partners believe that these will net the best results in the long term. We realize that since this is a plan, you will not know exactly how many activities you will accomplish, nor how many people will participate in those activities. However, please try to estimate as closely as possible by looking at the number of activities and participants reported during FY04 and 05. Due to problems in previous years with actual number activities reported versus number of activities planned, during FY06 expenses will not be reimbursed unless activity levels warrant the expenditures.

Change in Policy for FY 06:

During FY 06 local health departments who currently provide group physical activity sessions should begin working with partners in their communities who will agree to be trained and then provide these group physical activity sessions. The role of the local health department should be more of a facilitator of these activities than an actual instructor. When the local health department provides a train-the-trainer session, arrangement should be made with the new trainer to report their activities back to the local health department so that these activities can then be reported to the state.

Target Population:

Kentuckians of all ages who do not participate in physical activity a minimum of 30 minutes three to five times per week.

Disparate Population:

Kentucky counties in the following area development districts (ADD) in Eastern Kentucky make up the disparate population for this cost center: Big Sandy ADD, Kentucky River ADD, Cumberland Valley ADD, Fivco ADD, and Lake Cumberland ADD.

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